

FILED NOV 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 37189  
4709  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 53 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 2719 Holly	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1				3458			
3. NAME OF DECEASED (Type or Print) Mary		a. (First) KING		b. (Middle) Owens		c. (Last) Owens	
4. DATE OF DEATH		(Month) 11		(Day) 7		(Year) 50	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Oct 13 1888	
9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		11. BIRTHPLACE (State or foreign country) Bonner Springs, Kansas		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME John King		13b. MOTHER'S MAIDEN NAME Lottie Myrick		14. NAME OF HUSBAND OR WIFE Boyd Owens		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. 500-09-6008		17. INFORMANT'S SIGNATURE OR NAME Mrs. Emma Hafner		ADDRESS 1013 West 29th		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic nephritis with uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Hypertensive heart disease Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Oct. 27, 1950, to Nov. 7, 1950, that I last saw the deceased alive on Nov. 7, 1950, and that death occurred at 4 P. m., from the causes and on the date stated above.		23a. SIGNATURE Edward H. Stratemeyer	
23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 11-8-50		24a. BURIAL CREMATION (REMOVAL) (Specify) Burial		24b. DATE 11/9/50	
24c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery		24d. LOCATION (City, town, or county) Kansas City, Kansas		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS 20 W Linwood	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*H. Green*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~on~~.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Farrest D. Coldsnow*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4714*

P. O. Address *K. C. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.